602971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation of officer

12/27/10--01046--017 **70.00

FILED
2010 DEC 27 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/30/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Surgical Associates of Venice & Englewood, P.A.
(Name of Corporation)

DOCUMENT NUMBER: 602971

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karla Adams
(Name of Person)

Surgical Associates of Venice & Englewood, P.A.
(Name of Firm/Company)

436 Nokomis Avenue South
(Address)

Venice, FL 34285
(City/State and Zip Code)

For further information concerning this matter, please call:

Karla Adams (Name of Person) at (941) 488-7742 (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2010 DEC 27 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, David K. Aldrich, hereby resign as Treasurer
(Title)

of Surgical Associates of Venice and Englewood, P.A.
(Name of Corporation)

602971
(Document Number, if known), a corporation organized under the laws of the State of

Florida.

(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314